

## Participant Questions & Answers

### Webinar: Coordinating Care for Kids—School Nurses Linking with the Medical Home

<https://medicalhomeinfo.aap.org/tools-resources/Pages/Care-Coordination.aspx>



Care coordination is not a new concept—it is a function that school nurses are part of every day. However, care coordination is more effective when communication between school health and medical communities is established and implemented in a structured manner. This webinar will provide practical examples and resources on how school nurses, community-based clinicians and other providers can implement care coordination successfully. Speakers will share experiences and approaches to care coordination, focusing on collaboration with community-based pediatric clinicians, other pediatric providers and families in their communities.

Speakers: [Dian Baker, PhD, APRN-BC, PNP](#); [Jody Johnson, MS, RN](#); [Mark Satterfield, MD](#); and [Harold Magalnick, MD, FAAP](#)  
[View PowerPoint Slides Here](#); [View Recording Here](#); [Resources](#)

HIPAA & FERPA	Answers
<p>Can you give more specifics about what information can be expected to be shared across school and pediatric office? Does the MOU address HIPAA and FERPA?</p> <p>Dr Baker mentioned that new guidelines are being issued re: FERPA/HIPAA that may help make interagency care coordination easier. Could you say more about that?</p> <p>Can the 2008 report about HIPAA and FERPA be shared?</p>	<p>Information that is required to provide safe and effective services across systems can be shared with appropriate consent.</p> <p>Yes, MOUs can and should address the information sharing process and specifically HIPAA and FERPA.</p> <p>Keep an eye out for the new guidelines, due out soon from US Departments of HHS and Education. The Departments of HHS and Education are collaborating to create new guidelines (due out soon) to assist schools and health care systems share information. The intent is ease the process and avoid the barriers currently in place. New guidance will be shared with the participants when they are released.</p> <p>Current 2008 guidelines: <a href="http://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf">http://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf</a></p> <p><i>Excerpt from those guidelines:</i> The HIPAA Privacy Rule specifically excludes from its coverage those records that are protected by FERPA. When making determinations as to whether personally identifiable information from student health records maintained by the educational agency or institution may be disclosed, school officials at institutions subject to FERPA should refer to FERPA and its requirements. While the educational agency or institution has the responsibility to make the initial, case-by-case determination of whether a disclosure meets the requirements of FERPA, the Department of Education’s Family Policy Compliance Office is available to offer technical assistance to school officials in making such determinations.</p> <p>For quick, informal responses to routine questions about FERPA, school officials may e-mail the Department at <a href="mailto:FERPA@ed.gov">FERPA@ed.gov</a>.</p> <p>For more formal technical assistance on the information provided in this guidance in particular or FERPA in general, please contact the Family Policy Compliance Office at the following address: Family</p>

	<p>Policy Compliance Office U.S. Department of Education 400 Maryland Ave. S.W. Washington, D.C. 20202-8520</p> <p>You may also find additional information and guidance on the Department’s Web site at: <a href="http://www.ed.gov/policy/gen/guid/fpc/index.html">http://www.ed.gov/policy/gen/guid/fpc/index.html</a>.</p> <p>For more information on the HIPAA Privacy Rule, please visit the Department of Health and Human Services’ HIPAA Privacy Rule Web site at: <a href="http://www.hhs.gov/ocr/hipaa/">http://www.hhs.gov/ocr/hipaa/</a>.</p> <p>The Web site offers a wide range of helpful information about the HIPAA Privacy Rule, including the full text of the Privacy Rule, a HIPAA Privacy Rule summary, over 200 frequently asked questions, and both consumer and covered entity fact sheets.</p>
<p>Having experience with HIPPA and FERPA, I would get FERPA forms from the schools that our practice covered and would have the family sign both our HIPPA and FERPA forms at the visit.</p>	<p>Yes, sharing forms and having them available in both offices (and hospitals) is an excellent idea. This is often addressed in MOUs</p>
<p><b>504 Plans</b></p>	
<p>Can you talk about 504 plans and special education?</p>	<p>504 Plans are not part of Special Education; they are an accommodations made for students who require some assistance during their regular school day to limit the impact of their special need. It doesn't come with any funding/specialized services.</p> <p>From the Department of Education: <b>Frequently Asked Questions About Section 504 and the Education of Children with Disabilities:</b> <a href="http://www2.ed.gov/about/offices/list/ocr/504faq.html">http://www2.ed.gov/about/offices/list/ocr/504faq.html</a></p>
<p>Comments about the need for 504 Plans for children with severe food allergies?</p>	<p>I haven't been asked to write for a 504 Plan for food allergies, that usually goes along with a Medical Action Plan. The school has to have a very specific plan of action and might require specialized services to be available along with medications. It appears to me that it would go beyond a 504 Plan. – Dr Magalnick</p> <p>I have seen 504s for severe allergies especially if accommodations are requested in the cafeteria or on the bus. – Dr Baker</p>
<p>A 504 plan has more eligibility than just explained. It can even apply to any child who is treated as if he or she has problems accessing the curriculum. It does not require a specific diagnosis/</p>	<p>I am not sure that is accurate. The 504 Plan has to be approved usually by a Student Study Team. There has to be some reason that the accommodations are needed.</p>

	The inability to access to the curriculum has to be of an extent that is beyond what a typical student could expect. That is the disability means the lack of access is interfering with the student's quality of life and education. And in that case, an IEP may be a more appropriate choice.
<b>Funding/Payment</b>	
I (as a pediatrician) have attended IEP meetings via speakerphone. I tell families that I am making an appointment for this that may or may not be paid by their insurance.	This is true, payment is an ongoing issue.  If there are medical issues requiring consultation some offices use the Physician Non-Face-to-Face Services codes.
What element is funding school nurses in each school? Is this believed to be an IDEA costs or a local ISD cost? or is a medical insurance costs?	School nurses are funded through a variety of sources. It may vary greatly from school district to school district. Funding sources may include:  General funds Federal Title 1 funds LEA MAA or MediCal Federal IDEA funds Grants State funding (eg, South Carolina funds a school nurse for almost every elementary school)  Hospitals community benefit funds Note: Some health plans allow billing for some health services in schools
Virginia does not require RNs in schools and essentially all districts have concluded that nurses are too expensive to include in all schools. My district uses Public Health Nurses "on loan" as school nurses, for example.	Thank you. Each state is different. Perhaps revisiting the new ESSA Title 1 spending requirements for student support services could help with lobbying for RNs.
<b>Medically Complex/CYSHCN</b>	
In regards to children with special health care needs at schools, do you have any experience of how school nurses are partnering with other	Yes, in some cases, school nurses are part of the county team that reviews complex families with children in schools.

facilities that provide care coordination services (complex care programs, etc)?	School nurses may also be part of the discharge planning team at pediatric tertiary care hospitals and when home/ health school is required
I work exclusively with Medically Fragile students with an IEP. It is not unusual for me to contact 6-13 physicians for 1 student because the PCP will not weigh in on issues that are followed by specialists... for instance PCP won't give me order for Diastat ect.. PCP want EpiPen order from allergist, etc... There are hundreds of physicians in my community...how best to facilitate this?	<p>That is always a problem. There are just a few pediatricians in our community that can provide the full range of service coordination required for these students. With the use of the Internet more parents are finding out which practices do this type of service.</p> <p>I understand your frustration, the medical care home and care coordination movement underway is designed to assist with exactly the problem you described. Imagine how difficult it is for families.</p> <p>Perhaps you may try contacting one primary care office directly and have coffee to discuss the medical care home concept, and see if you can start “one small test of change” for one family.</p>
<b>Various</b>	
Can care coordination activities be articulated/defined? Are we talking about medication management, appointment management, appropriate equipment procurement? What level of self-management and transition is supported by team?	<p>Care coordination begins with the family and the student. A shared plan of care is designed and then each component of care and services are planned for and coordinated. Then each component of the care can be articulated and an implementation and monitoring plan can be put in place.</p> <p>AAP policy statement on care coordination: <a href="#">Patient- and Family-Centered Care Coordination: A Framework for Integrating Care for Children and Youth Across Multiple Systems</a></p>
For those of us in communities that have very little success in connecting with the local pediatricians or family physicians, what do the doctors recommend as the first way to best reach out to these providers?	<p>Very often there is a local chapter of the AAP or the AAFP. Speaking to them directly might get the ball rolling in developing a dialogue.</p> <p>AAP Chapters: <a href="http://www.aap.org/member/chapters/chaplist.cfm">www.aap.org/member/chapters/chaplist.cfm</a></p> <p>AAFP Chapters: <a href="http://nf.aafp.org/MyAcademy/contactmychapter/Index/ChapterDirectory">nf.aafp.org/MyAcademy/contactmychapter/Index/ChapterDirectory</a></p>
What are some of the innovative processes / best practices to link school information system data or consents to electronic health records to support school RNs?	<p>Innovative telehealth and shared EHRs are described in the forthcoming article due out school in the NASN School Nurse. There are several – here is a link to one in Delaware:</p> <p><a href="http://www.nemours.org/health-professionals/nemourslink/student-health-collaboration.html">http://www.nemours.org/health-professionals/nemourslink/student-health-collaboration.html</a></p>

<p>Could you comment on the role of health plan ?</p>	<p>Very often Health Plans have nurse coordinators that help to supervise these complicated patients. They can be very helpful in getting information back to the schools. They can also coordinate service plans that might have been started during a hospital admission.</p> <p>NASN's position paper on IHPs:  <a href="https://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/32/Individualized-Healthcare-Plans-IHP-Revised-2008">https://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/32/Individualized-Healthcare-Plans-IHP-Revised-2008</a></p>
<p>How do you help parents understand that there may be a difference of what families can do for a child in the home versus what is medically necessary/reasonable in the school.</p>	<p>Very often by sitting at the same table those issues come up and are discussed. There is usually a good reason while a service might not be available at school. These are all discussion points. At each office visit we also discuss what is going on and whether the child's needs are being met.</p>
<p>Are there updated ratios recommended for nurses, social workers, guidance counselor, etc to a certain number of students? As a school nurse teacher who covers two elementary schools, coordinating care is a major issue. Due to time constraints it is difficult to coordinate with other professionals. We all have different schedules at the school. Also sometimes it is very frustrating in contacting/reaching pediatricians and also getting consent from parents to do this.</p>	<p>June 2016; From the American Academy of Pediatrics;  Policy Statement: <a href="#">Role of the School Nurse in Providing School Health Services</a></p>
<p>There are 25 school nurse employment openings at Chicago Public School. I am a CSN and am responsible for 4 large schools (close to 4000 students) Please give some tips on how to go about adequately serving that big of a student population.</p>	<p>This is a question that is beyond the scope of this Q&amp;A.</p> <p>A place to start is assessment of school health needs; Development of a TEAM for school health; Education for all members of the team based on evidenced-based practice and engagement of administration</p>
<p>Is there any discussion statewide in California developing a statewide recognized release of information form? CCS has their own and doesn't recognize our county form, UC Davis wants their</p>	<p>We are not aware of any effort to standardize forms.</p>

own. It seems like parents have to sign SO MANY different forms.	
How can SBHC and Telemedicine Programs fit in to the Medical Home?	The sharing of information back to the medical home is a must. These modalities are just evolving. The role of the EMR hopefully will expedite this is a good way.

Resources mentioned in the webinar:

NASN: “Framework for 21st Century School Nursing Practice” - [www.nasn.org/Framework](http://www.nasn.org/Framework)

CDC/ASCD: “Whole School, Whole Community, Whole Child” - [www.ascd.org/programs/learning-and-health/wsc-model.aspx](http://www.ascd.org/programs/learning-and-health/wsc-model.aspx)

#### AAP Policy Statements:

- Care Coordination: <http://pediatrics.aappublications.org/content/133/5/e1451>
- Medical Home: <http://pediatrics.aappublications.org/content/110/1/184>
- IDEA: <http://pediatrics.aappublications.org/content/136/6/e1650>
- Role of the School Nurse: <http://pediatrics.aappublications.org/content/early/2016/05/19/peds.2016-0852>
- All AAP Policies and Additional Publications: <http://www.aappublications.org/>

School Nurse Online Curriculum: [medicalhomeinfo.aap.org/tools-resources/Pages/Care-Coordination.aspx](http://medicalhomeinfo.aap.org/tools-resources/Pages/Care-Coordination.aspx)

Local school nurse association/organization: [www.nasn.org/AboutNASN/NASNAffiliatesChapters](http://www.nasn.org/AboutNASN/NASNAffiliatesChapters)

AAP Chapters: [www.aap.org/member/chapters/chaplist.cfm](http://www.aap.org/member/chapters/chaplist.cfm)

AAFP Chapters: [nf.aafp.org/MyAcademy/contactmychapter/Index/ChapterDirectory](http://nf.aafp.org/MyAcademy/contactmychapter/Index/ChapterDirectory)

National Center for Medical Home Implementation: [medicalhomeinfo.org](http://medicalhomeinfo.org); [medical\\_home@aap.org](mailto:medical_home@aap.org); 800/433-9016 ext 7605

Join the National Center Listserv: [medicalhomeinfo.org/contact/listserv.aspx](http://medicalhomeinfo.org/contact/listserv.aspx)

AAP Council on School Health: [www.aap.org/sections/schoolhealth](http://www.aap.org/sections/schoolhealth)

AAP Council on Children with Disabilities: [www.aap.org/cocwd](http://www.aap.org/cocwd)